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## BIB DATA SHEET

CONFIRMATION NO. 4411

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
08/875,849	09/08/1997 RULE	424	1644	1855.1004-002 (MPI1995-01)
<b>APPLICANTS</b> MICHAEL J. BRISKIN, LEXINGTON, MA; DOUGLAS J. RINGLER, REVERE, MA; DOMINIC PICARELLA, SUDBURY, MA; WALTER NEWMAN, BOSTON, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US96/02153 02/12/1996 and is a CIP of 08/523,004 09/01/1995				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/27/2001				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <u>/RONALD B. SCHWADRON/</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 20	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 9				
<b>ADDRESS</b> McDermott Will & Emery 600 13th Street, NW Washington, DC 20005-3096 UNITED STATES				
<b>TITLE</b> MUCOSAL VASCULAR ADDRESSINS AND USES THEREOF				
<b>FILING FEE RECEIVED</b> 3671	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	